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8-1-01

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

S13.12-0121

First Inventor or Application Identifier

Clifford Teoh et al.

Title

EXPANDABLE CAVITY LINER DEVICE

Express Mail Label No.

EL844348839US

Only for new non-provisional applications under 37 C.F.R. § 1.53(B)

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Assistant Commissioner for Patents

Address To:

Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Sheets **34**]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **8**]
4. Oath or Declaration [Total Sheets **3**]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)
  - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (Identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document
10. ☐ Information Disclosure Statement (IDS/PTO – PTO) ☐ Copies of IDS
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
13. ☐ \*Small Entity Statement filed in prior application. Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Request and Cert. Under 35 USC 122 (Non-Pub)
16. ☐ Other: \_\_\_\_\_

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation – in part (CIP)

of prior application No: \_\_\_\_\_

Prior application information

Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE

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(Insert Customer No. or Attach bar code label here)

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Deirdre Megley Kvale

Registration No. (Attorney/Agent)

35,612

Signature

*Deirdre Megley Kvale*

Date

7/31/01

07/31/01

FEE TRANSMITTAL		Complete if Known																															
		Application No.																															
		Filing Date	FILED HEREWITH																														
		First Named Inventor	Clifford Teoh																														
		Title	EXPANDABLE BODY CAVITY LINER DEVICE																														
		Group Art Unit																															
		Examiner Name																															
Total Amount of Payment \$ 1278		Atty. Docket Number S13.12-0121																															
METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)																															
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123. Westman, Champlin & Kelly, P A		3. ADDITIONAL FEES																															
2. <input checked="" type="checkbox"/> Check Enclosed																																	
FEE CALCULATION																																	
1. BASIC FILING FEE																																	
<table border="1"><thead><tr><th>Large Entity Fee</th><th>Small Entity Fee</th><th>Code</th><th>Fee Description</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>355</td><td><input checked="" type="checkbox"/> Utility Filing Fee</td></tr><tr><td>106</td><td>206</td><td>160</td><td><input type="checkbox"/> Design Filing Fee</td></tr><tr><td>108</td><td>208</td><td>355</td><td><input type="checkbox"/> Reissue Filing Fee</td></tr><tr><td>114</td><td>214</td><td>75</td><td><input type="checkbox"/> Prov. Filing Fee</td></tr><tr><td colspan="4">Subtotal (1) \$ 710</td></tr></tbody></table>		Large Entity Fee	Small Entity Fee	Code	Fee Description	101	201	355	<input checked="" type="checkbox"/> Utility Filing Fee	106	206	160	<input type="checkbox"/> Design Filing Fee	108	208	355	<input type="checkbox"/> Reissue Filing Fee	114	214	75	<input type="checkbox"/> Prov. Filing Fee	Subtotal (1) \$ 710											
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2. EXTRA CLAIM FEES																																	
<table border="1"><thead><tr><th>Number Claims</th><th>Prior**</th><th>Extra</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>36</td><td>20</td><td>16</td><td>288</td></tr><tr><td>Indep.</td><td>6</td><td>3</td><td>80</td><td>240</td></tr></tbody></table>		Number Claims	Prior**	Extra	Fee from Below	Fee Paid	Total	36	20	16	288	Indep.	6	3	80	240																	
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** Insert 3 and 20, or number previously paid if greater, Reissue see below																																	
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Subtotal (2) \$ 528																																	
		Subtotal (3) \$40																															

Signature Deirdre Megley Kvale  
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Reg. No. 35,612

Date 7/31/01

Deposit Account No. 23-1123